

DEPARTMENT OF HEALTH SERVICES

714 P Street, Room 650
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 654-8076



December 17, 2001

MMCD All Plan Letter 01008

TO: [X] County Organized Health Systems Plans (COHS)
 [X] Geographic Managed Care (GMC) Plans
 [X] Kaiser Prepaid Health Plans (PHP)
 [X] Two-Plan Model Plans

SUBJECT: BREAST AND CERVICAL CANCER TREATMENT PROGRAM

Purpose

The purpose of this letter is to describe the provisions of Assembly Bill 430, Chapter 171, Statutes of 2001, regarding the new Breast and Cervical Cancer Treatment Program (BCCTP).

Background

AB 430 represents California's legislation to implement changes consistent with the provisions of the federal Breast and Cervical Cancer Prevention and Treatment Act, (BCCPTA), enacted November 2000. AB 430 implements two separate components: the federal program and a complementary state-only program.

Federal Program

The new federal program will provide full-scope, no-cost Medi-Cal without further review of income or resources to individuals screened and found to be in need of cancer treatment by Centers for Disease Control and Prevention (CDC) screening providers. Covered individuals must be under 65, not currently receiving Medicare (parts A and B) or Medi-Cal without a share-of-cost, or not have other creditable coverage. They will be eligible for the duration of their treatment. Annual redeterminations will be made only to determine whether they are still undergoing treatment. Individuals with unsatisfactory immigration status will receive emergency services under the federal program for the duration of their treatment based upon their diagnosis.

State-Only Program

The state-only program will cover individuals age 65 and over, individuals with unsatisfactory immigration status, and individuals with other creditable health insurance. Individuals with other creditable health insurance will be eligible for the state-only program if their annual coinsurance (copayments, premiums and deductibles) exceeds \$750. The State will then pay their copayments, premiums and deductibles, necessary to access breast or cervical cancer treatment not covered by their insurance for the periods indicated below. Individuals covered under the state-only program without coinsurance will be entitled to receive cancer treatment services only for a limited period of time: 18 months for breast cancer and **24** months for cervical cancer.

Accelerated Enrollment

This program will include provider-initiated accelerated enrollment through a secured internet-based application for anyone the CDC screener determines meets these four criteria: under age 65, not a Medicare A and B recipient, diagnosed with breast or cervical cancer, and has no other creditable coverage. The provider will enroll the individual through the use of this new internet-based electronic application and will receive a real-time response for billing. The system will print an immediate need paper card that the provider will give to the individual. This can be used immediately by the individual to obtain medical services.

State Eligibility Workers

The Department of Health Services will be determining the actual eligibility of applicants under this program, unlike most other Medi-Cal programs where eligibility is determined by the counties. The State will verify the information provided on the electronic application, including information regarding other health coverage and immigration status, and complete a file clearance with the MEDS database. Medi-Cal applications of individuals who are found to be ineligible for the federal program established by the BCCTPA will be forwarded to the County Welfare Department for a determination under all other Medi-Cal programs before being denied.

Aid Codes and Definitions

The following aid codes pertain to the BCCTP:

- OM** Accelerated enrollment of temporary, full scope, no-cost BCCTP Medi-Cal for individuals diagnosed with breast and/or cervical cancer. (Limited to two months.)
Funding: Enhanced Federal Financial Participation (FFP) (approximately 65% Federal Title 19 / 35% State Tobacco Settlement Funds).
- ØN** Accelerated enrollment of temporary, full scope, no-cost BCCTP Medi-Cal for individuals diagnosed with breast and/or cervical cancer.
Funding: Enhanced FFP (approximately 65% Federal Title 19 / 35% State Tobacco Settlement Funds).
- OP** Full scope, no-cost BCCTP Medi-Cal for individuals diagnosed with breast and/or cervical cancer, without creditable insurance coverage.
Funding: Enhanced FFP (Approximately 65% Federal Title 19 / 35% State Tobacco Settlement Funds).
- ØU** State-Only Program Undocs/FFP (Emergency Services) – Individuals with unsatisfactory immigration status who are under 65 years of age and are diagnosed with breast and/or cervical cancer. FFP for emergency services for the duration of the individual's treatment. State-only breast cancer (payment limited to **18** months) and cervical cancer (payment limited to **24** months) services, pregnancy-related services and Long Term Care services.
Funding:
Emergency Services: Enhanced FFP (approximately 65% Federal Title 19 / 35% State Tobacco Settlement Funds).
All other Services: 100% State Tobacco Settlement Funds rather than by State General Fund).
- ØT** Individuals who are ≥ 65 years of age, regardless of citizenship, diagnosed with breast or cervical cancer. Services for breast or cervical cancer treatment services are only for 18 months (breast), or **24** months (cervical). This aid code does not contain anyone with unsatisfactory immigration status, less than 65 years of age, or anyone with creditable health insurance.
Funding: 100% State Tobacco Settlement Funds

- ØR Payment of premiums, co-payments, and deductibles for those individuals (including Undocs regardless of age) diagnosed with breast cancer (payment limited to 18 months) or cervical cancer (payment limited to 24 months). Provides breast and cervical cancer treatment services not covered under the individual's policy for 18 months (breast) or 24 months (cervical). Funding 100% State Tobacco Settlement Funds.

County Organized Health Systems

The new Aid Codes, OM, ON, OP, OU, OT, and OR are mandatory in COHS counties. These codes will be implemented on January 2, 2002. To date, the rates have not been developed, but will be retroactive to January 2, 2002 when established.

2 Plan, Geographic Managed Care, and Kaiser PHP

The new Aid Codes, OM, ON, OP, OU, OT, and OR are voluntary in 2 Plan, GMC, and PHP counties. These codes will be implemented on January 2, 2002. To date, the rates have not been developed, but will be retroactive to January 2, 2002 when established.

Program implementation is set for January 2, 2002. If you have any comments or questions regarding this letter, please contact your contract manager.



Cheri Rice, Chief
Medi-Cal Managed Care Division

bcc: Ms. Linda Minamoto
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid
75 Hawthorne Street, Fifth Floor
San Francisco, CA 94105-3903

Mr. Byron Chell, Executive Director
CA Medical Assistance Commission
770 L Street, Suite 1000
Sacramento, CA 95814

Kevin Aslanian
C.C.W.R.O.
1901 Alhambra Blvd.
Sacramento, CA 95816

Lorraine Brown, Deputy Director
Benefits & Quality Monitoring
Medical Risk Management Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95815

Carol Freels, Acting Chief
Office of Long Term Care
1800 Third Street, Suite 205
Sacramento, CA 95814

Roberto Martinez, Chief
Medi-Cal Policy Division
8/1561

Ruben Gonzalez, Acting Chief
Medi-Cal Operations Division
600 North 10th St., Suite 230C
Sacramento, CA 95814

Robert P. Pierson, Chief
Office of Medi-Cal Dental Services
7667 Folsom Blvd., Suite 101
Sacramento, CA 95816

Maridee Gregory, M.D., Chief
Children's Medical Services Branch
Primary Care & Family Health Division
81350

Jan Inglish, Chief
Medical Review Branch
Audits and Investigations
591 N. 7th Street, 1st Floor
Sacramento, CA 95814

Winston Mesaku, Chief
Medical Review Branch
Audits and Investigations
185 Berry Street, Room 280
San Francisco, CA 94107

Janet Olsen-Coyle, Chief
Headquarters Management Branch
Payment Systems Division
9800 Old Winery Place
Sacramento, CA 95827

Jerry Stanger, Chief
Payment Systems Division
9800 Old Winery Place
Sacramento, CA 95827

Dale Chun, Chief
Health Care Options Section
Payment Systems Division
3130 Kilgore Rd., Suite 101
Rancho Cordova, CA 95670

Vivian Auble, Acting Chief
Third Party Liability Branch
Payment Systems Division
591 North 7th Street, 2nd Floor
Sacramento, CA 95814

Mickey Richie
Local Liaison
Executive Office
811253

Laura Blank, Chief
Office of Clinical Standards and Quality Branch
Medi-Cal Managed Care Division
8/950

Carolyn Pierson, Chief
Plan Management Branch
Medi-Cal Managed Care Division
8/993

Luis Rico, Chief
Plan Monitoring/Member Rights Branch
Medi-Cal Managed Care Division
8/650

Vickie Orlich, Acting Chief
Policy & Program Development Branch
Medi-Cal Managed Care Division
8/650

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